

concluding this report it is due to Drs. Cook and Jones, the resident surgeons who successively had charge of this patient, to express my indebtedness for their efficient co-operation in the treatment of his case, the favourable result of which, is in no small degree to be attributed to their untiring patience and devotedness.

NEW YORK, May 31st, 1845.

ART. II.—*Observations on Molluscum, with a case.* By J. H. WORTHINGTON, M. D., Resident Physician to Friends' Asylum.

AMONG the diseases which occur but rarely and offer few opportunities for observation, is one to which Bateman first drew attention in his work on diseases of the skin, under the name of molluscum. It is characterized, says he, by the appearance of numerous tubercles of slow growth and little sensibility, and of various sizes, from that of a vetch to that of a pigeon's egg. They contain an atheromatous matter and are of various forms, some being sessile, globular or flattish, and some attached by a neck, and pendulous. The growth of these tumours is apparently unconnected with any constitutional disorder. They show no tendency to inflammation or ulceration, but continue through life having apparently no natural termination.

He speaks of the disease as occurring under two distinct forms, the principal distinguishing features of which are, that one is never contagious, while the other seems to possess the property of communicating itself in this way. In the first, the tumours do not discharge matter, in the second, a milky fluid may be pressed out which is considered to be the medium of contagion. As an instance of the contagious form, he reports the case of a young woman whose face and neck were thickly studded with round prominent tubercles of various sizes, from that of a large pin's head to that of a small bean, which were hard, smooth and shining on their surface, with a slight degree of transparency, and nearly of the colour of the skin. The tubercles were all sessile upon a contracted base without any peduncle. From the larger ones a small quantity of a milk-like fluid issued on pressure from a minute aperture, such as might be made with a needle's point, and which only became visible on the exit of the fluid. The progress of their growth was very slow, for the first tubercle had appeared on the chin a twelvemonth ago, and only a few of them had attained a large size. She ascribed the origin of the disease to contact with the face of a child whom she nursed, on which a large tubercle of the same sort existed, and on a subsequent visit she stated that two other children of the same family were disfigured by similar tubercles; and besides that, the parents

believed that the first child had received the eruption from a servant on whose face it was observed.*

Of the first variety, (*M. non contagiosum,*) cases are recorded by Caze-nave, Schedel, Biett, and Gibert. The appearance of the tumours in this form is very accurately given by Bateman in his description of the disease referred to above. They appear to be formed by an alteration of the sebaceous follicles, accompanied by a retention and accumulation of their natural secretion, which becomes altered in its nature, the orifice of the follicle being closed.

Whatever may be the arrangement of structure which constitutes these tumours in the origin of the disease, in their last stage they do not appear to differ in their anatomical characters from the encysted tumours known under the names of Melicceris, Steatoma and Atheroma. Dr. W. L. Atlee, in an interesting case published in this Journal (April, 1844), in which he had an opportunity of opening the tumours on the dead body, states, that they consisted of an elastic or homogeneous, semi-solid, gelatiniform substance, not liable to disintegration on pressure, and of a yellowish-white colour; and Dr. Gross, under the head of diseases of the sebaceous follicles, gives an account of a man 40 years of age, who had several hundred of these tumours on the head and trunk. They commenced when the patient was quite young, soon after bathing in cold water, and had never caused him the slightest pain. They were of the meliceric kind, and the largest were of the size of a hen's egg, the surface of many being uneven and hard, and then encrusted with a hard sebaceous matter of a dark colour.†

Drs. Henderson and Paterson have described cases of the second variety (*M. contagiosum*), in the Edinburgh Medical and Surgical Journal, (vol. lvi, 1841, p. 213,) and Wilson, in his excellent treatise on diseases of the skin, mentions several, though he denies the possibility of their communication by contact.

In this form the tumours are produced by a retention of the sebaceous matter of the follicles and their consequent distension. In some cases the secretion remains fluid, in others it becomes concrete. The orifice of the follicle is permeable, and the contained fluid may be pressed out, or when the contents are solid they may be removed through the aperture if open, as it sometimes is, by a pointed instrument. They attain the size of a currant, which they also resemble in form, and when left to themselves, terminate by becoming inflamed at the summit; the gland and its contents being then discharged entire, or the whole tumour may slough in consequence of the inflammation. (Wilson, p. 285.)

Almost all of the cases of this form of the disease that are recorded, have occurred under circumstances which favour the idea of contagion,

* Practical Synopsis of Cutaneous Diseases, vol. 2, p. 271 and 2.

† Pathological Anatomy, vol. i, 374.

but there are doubts upon this point which can only be settled by future observation.

Tumours of a different character have no doubt been referred to the molluscum of Bateman, but the term ought to be restricted in its application to such as consist of an alteration of the follicles. The case from which he took his description of the disease is evidently of this nature.

The subject of it was a man 50 years of age, on whom the tumours had existed from birth.* "On the summit of some of the largest excrescences small apertures are conspicuous, from which may be pressed out oblong black bodies, (commonly called *comedones*,) each of which is terminated by a whitish tendon prolongation."

The following case is an example of the first variety, and together with those recorded by Atlee and Gross, will go to prove the existence of a form of molluscum different from that described by Henderson, Paterson and Wilson. The difference in the form and size of the tumours, in the state of the follicular orifice, in the term of existence in the two cases, and the tendency to inflammation in one, and the absence of such a tendency in the other, would seem sufficiently striking to establish their separate identity.

CASE.—E. N., female, aged 25, was received into this institution on the 28th Feb., 1815, having been affected from childhood with mental imbecility. Her face, neck, body, extremities, palms of the hands, and soles of the feet are thickly studded with minute tumours of various sizes and different forms. The smallest are the size of a pin's head, others are as large as a split pea. They are soft and elastic to the touch, and are covered with cuticle, which generally does not differ from that of the intermediate spaces, which is natural in its appearance. The greater number of these little tumours are flattish, rising but little above the surrounding surface, others are prominent and approach more nearly the globular form. One on the palm of the hand and another on the sole of the foot are more developed, equaling a filbert in size and differing from the ordinary form of the smaller ones, in being nearly globular instead of flattish, and having a contracted base. These are soft and seem to contain a pulpy or semi-fluid matter. The tumours are not attended with pain or other disagreeable sensation; they are perfectly indolent in their character, no sign of inflammation being observed in them. The skin over a few of the smaller ones is slightly discoloured and livid, owing to a defect in the capillary circulation.

They exist in the greatest numbers on the neck and shoulders, where they are so numerous that the point of the finger cannot be placed upon the surface without coming in contact with them. They are fewer on the

* Historia Pathologica singularis cutis turpitudinis, J. C. Rinhardi, viri 50 annorum. C. F. Ludwig, Lipsiae, 1739. Cited by Wilson, Pract. and Theoret. Treatise on Diseases of the Skin, p. 287.

hands and arms, and fewer still on the face, where they are quite small and soft, and appear more prominent to the sight than to the touch.

Although they have existed from an early period of the patient's life, they seem to have undergone little or no alteration. They have no tendency to suppurate or ulcerate. The large one on the hand was scratched with a rough piece of iron previously to her admission, so as to cause some inflammation on its surface, which subsided without having produced any prominent change in its appearance.

On the left cheek towards the angle of the mouth there is a large flattish swelling, soft and elastic to the touch, differing from the others in not being confined to the skin, but implicating the whole substance of the cheek; this, she says, sometimes becomes sore and discharges matter.

The general health of the patient is somewhat disordered. Her pulse ranges from 90 to 100 beats in a minute. The tongue is red, papilla over its whole surface, much elevated, and her abdomen is tympanitic. Sometimes she complains of headache, costiveness, loss of appetite, and is unwilling to leave her bed for two or three days at a time.

This patient remained in the institution two months and was put upon the use of Donovan's solution, gradually increased to 30 drops three times a-day, during which her general health improved and her skin assumed a more healthy colour than it was at first, but no perceptible diminution in the size of the tumours could be observed.

ART. III.—*Report of three cases of Puerperal Peritonitis, which occurred in the wards of the Pennsylvania Hospital.* By F. W. SARGENT, M. D.

THE following cases of puerperal peritonitis occurred in the lying-in wards of the Pennsylvania Hospital, in the spring of 1845, during the service of Dr. Hodge, while the writer was resident physician of the hospital. The patients were attended by Dr. Hodge and Dr. Meigs. It will be seen that the most vigorous antiphlogistic treatment was pursued and failed of success.

Besides these three patients, there were five others in the wards; three of them in daily expectation of their confinement, and the remaining two already delivered. Of the latter, one was confined three days before the first case of sickness occurred; and the other, about an hour before the delivery of Sarah Ewing—the second case. Neither of these last two had any unpleasant symptoms. As a precaution, the three women who were yet to be confined were advised to leave the hospital, which they did.*

* It will not be considered as out of place to mention here, that several years ago, while there were a number of cases of puerperal peritonitis in the wards of the hos-